State of Arizona
Naturopathic Physicians Board of Medical Examiners
1400 W. Washington, Ste., 230, Phoenix AZ 85007
Telephone: 602 542 8242 - Fax: 602 542 3093
Governor: Janet Napolitano, Executive Director: Dr. Craig Runbeck, NMD
Investigations: Paula Brierley, Deputy Director: 602 542 8225

COMPLAINT FORM

Americans with Disability – Alternative Format of Complaint

Title H of the Americans with Disabilities Act prohibits the Board from discriminating on the basis of disability in its complaint process. An individual with disability who needs this complaint form to be in an alternative format or who requires a reasonable accommodation to use the complaint process may contact the Board ADA coordinator at the above telephone numbers to make their needs known.

Anyone who provides information to this board in good faith is not subject to an action for civil damages. If you are supplying information regarding a licensee's drug or alcohol impairment, you may request to remain anonymous. Please Note: If you are the patient or are related to the patient and this complaint involves diagnosis or treatment, it will be necessary for this Board to obtain patient records.

Your Contact Information: _____
Full Name

_____
Address City State Zip

Today's Date: _____(_____)_____
Your Telephone Number Best Time to Contact You

Complaint Information

Name of Regulated Person: _____

Address: _____
City State Zip

Telephone Number (_____)_____

Name of Patient: _____

Your Relationship to Patient: _____

What is the Nature of Your Complaint?

You may use the back of this form and attach additional pages and documentation in order to fully explain this complaint.

I hereby attest (verify) that the information contained in this complaint and any information and documents attached to this complaint are filed in good faith with the State of Arizona Naturopathic Physicians Board of Medical examiners. I understand that the Board may and has my permission to obtain the medical records of the patient.

_____ _____
Your Signature Date